



Situational Report No. 02

Disease Outbreak/Event: COVID-19 Preparedness Response start date: 30th January, 2020

Date of report: 20th March, 2020 **Prepared by:** MOH/ZNPHI

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SITUATION REPORT NO. 2

Country situation: As of 06hrs on 20th March 2020, there were **no new** cases recorded in the past 24 hours. The total number of confirmed cases

1. CURRENT SITUATION UPDATE

• Levy Mwanawasa Hospital: There are currently seven (7) patients (5 suspected and 2 confirmed cases) quarantined at Levy Mwanawasa Hospital in Lusaka; 1 suspected case was discharged today 20th March 2020.

Zambia Current Numbers

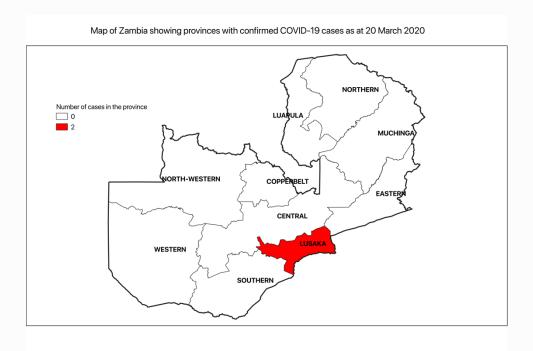
- ↑ 2 confirmed (0 new)
- ↑ 0 deaths (0 new)

Global Numbers as of 19/03/20 (Source: WHO)

- **† 209,839** confirmed (16,556 new)
- * 8,778 deaths (828 new)

*New: in the last 24hrs

- Tubalange Hospital: there are currently no persons admitted at the facility
- **Surveillance:** 85 passengers who were on-board the Emirates flight EK713 and disembarked in Lusaka have been identified; 57 of whom have been contacted so far while 28 had incomplete or wrong addresses/contact information.
- **Laboratory testing:** the University Teaching Hospital Virology Lab (UTHVL) has to date processed 55 samples, with 2 confirmed positive for COVID-19.
- > **Africa Situation:** As of 10am on 20th March 2020, there had been 795 total confirmed cases recorded in 36 African countries (with 19 deaths and 84 recoveries recorded).







2. ACTIONS TO DATE

2.1 CO-ORDINATION

➤ Ministerial Level:

- A high level inter-ministerial coordinating meeting, chaired by the Secretary to the Cabinet, was held on 6th February, 2020. Meetings have been scheduled to be held fortnightly.
- The Hon. Minister of Health, Dr. Chitalu Chilufya, in his address to parliament on Wednesday 4th March 2020, announced that K57,000,000 contingency emergency fund had been set up to strengthen the preparedness response and enhance public health security.
- The National Epidemic Preparedness, Prevention Control and Management Committee (NEPPC&MC), chaired by the Hon. Minister of Health, Dr Chitalu Chilufya, held a meeting on 11th March, 2020
- **Statutory Instruments:** The Minister of Health issued **SI 21 and 22** outlining government directives in response to the outbreak, including the mandatory notification of all COVID-19 cases and additional regulations to facilitate management and control of COVID-19 such as heightened sanitation and provision of hand washing facilities in all public places.

> Technical level

- An Incident Management Structure (IMS) was set up at the Zambia National Public Health Institute following the declaration of the outbreak as a PHEIC. The IMS meets twice weekly on Tuesdays and Thursdays. (Refer to Annex 2 for the IMS structure)
- Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNPHI.

2.2 SURVEILLANCE

- A total of 85 passengers on board flight EK713 that was carrying the two confirmed cases have been identified; of these, 57 have been successfully contacted and are currently under self-quarantine and monitoring for 14 days, while 28 had incomplete or incorrect contact details.
- Efforts to identify and contact the 28 unidentified passengers have been initiated.
- > Central and Copperbelt provinces have alerted and investigations have been initiated.
- As of 20th March 2020, the COVID-19 surveillance status for Zambia is summarised in the table below:





Table 1: COVID-19 surveillance and monitoring report as of 20th March 2020

Parameter	Number
Total screened to date	2,597
Risk persons currently being monitored	2,329
Risk persons that have completed 14 days	483
Number of alerts notified & verified as non-cases	62
Number of persons under investigation	57
Number of COVID-19 confirmed cases	2
Number of close contacts under investigation	57

2.3 LABORATORY CAPACITY

- The University Teaching Hospital Virology Lab (UTHVL) (WHO-certified National Influenza Centre) is the designated primary diagnostic laboratory for COVID-19, with additional capacity at the School of Veterinary Medicine (SVM), UNZA.
- Fifty-five (55) samples have been received to date; 33 have been processed, two of which were positive. Twenty-two (26) samples were pending.
- The test turn-around time is 24 hours, and can take up to 36-48 hours where repeat or confirmatory testing is required
- > Criteria for testing: individuals who meet the case definition or individuals who have had

2.4 CASE MANAGEMENT

contact/been exposed to a confirmed positive case and are symptomatic

- > Seven (7) patients have been admitted to Levy Mwanawasa, transferred from the Tubalange facility; two of whom were confirmed positive.
- ➤ One (1) suspected case was discharged on 20th March 2020. To date, a total of 6 suspected cases have been discharged.
- > Plans have been initiated to transfer the cases to Levy Mwanawasa Hospital in Lusaka.
- > Drill have been conducted for 24 nurses assigned to the Tubalange facility.
- > Two temporary screening structures have been set up at UTH and Levy for COVID-19 screening in

2.5 HEALTH PROMOTION AND RISK COMMUNICATION

order to decongest the facilities and reduce the risk of COVID-19

➤ A USSD code has been activated with support from USAID Discover on *573# to provide information to the public





- Interactive risk communication and health promotion programmes have been broadcast on a number of radio and television stations; regular press statements and press briefs have also been issued.
- Three hotlines (0953-898941; 0964-638726; 0974-493553) have been set up at the ZNPHI for the public to call for information regarding COVID-19.
- > IEC materials are available at the following link: http://znphi.co.zm/news/new-coronavirus-covid-19-travelers-guide-and-fact-sheet/

Table 2: Distribution of IEC materials as of 19th March 2020

IEC Material	Number Printed	Number issued
Brochures	140,000	130,000
Factsheets	145,000	135,000
Fliers	145,000	135,000
Poster 1	44,000	42,000
Poster 2	42,000	42,000

3. GAPS AND CHALLENGES

- Incorrect/incomplete contact numbers submitted during passenger screening is hampering contact tracing and monitoring.
- Public frenzy and panic following the declaration of the outbreak; this has resulted in congestion at some facilities as people seek screening and testing

4. PRIORITY ACTIONS AND RECOMMENDATIONS

- > IEC materials need to be updated to reflect the evolving outbreak situation.
- Setting up of a dedicated COVID-10 toll free line and assign trained staff to respond to COVID-19 queries
- > Develop an app on various platforms to provide information to the public; currently in talks with several partners
- Review and update IEC materials

5. CONCLUSION

Following the declaration of the COVID-19 outbreak in Zambia, the government has initiated additional key interventions, including stricter restrictions on public gatherings and heightened standards of sanitation in public places. All efforts are being made to ensure there is no local transmission of COVID-19.





ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 6:00HRS ON 20TH MARCH 2020

	Date	Tubalange	Levy	UTH	Daily Total	Cumulative since outbreak declared	Comments	
Cases								
Suspected cases	20/03/20	0	5	0	5	11		
Confirmed cases	20/03/20	0	2	0	2	2		
Under treatment/Discharges								
Under treatment	20/03/20	0	2	0	2	4		
Discharges	20/03/20	0	1	0	1	6		
Transferred in	20/03/20	0	7	0	0	7		
Transferred out	20/03/20	7	0	0	0	7		
Deaths						<u> </u>	<u> </u>	
Deaths among suspected cases	20/03/20	0	0	0	0	0		
Deaths among lab confirmed cases	20/03/20	0	0	0	0	0		
UTH Virology Laboratory								
Samples received	20/03/20	0	0	0	0	55		
Samples processed	20/03/20	0	0	0	0	33		
Results pending	20/03/20	0	0	0	22			
COVID-19 positive	20/03/20	0	0	0	0	2		





ANNEX 2: CORONAVIRUS DISEASE 2019 (COVID-19) CASE DEFINITIONS

Case Definitions

Suspect case:

A. Patient with acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 during the 14 days prior to symptom onset,

OR

B. Patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset,

OR

C. Patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation

<u>Probable case</u>: A suspect case for whom testing for COVID-19 is inconclusive or is tested positive using a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens.

Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.





ANNEX 3: NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE COVID-19 PREPAREDNESS RESPONSE

